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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

17

Application Number

09/767,008

Filing Date

03/13/2001

First Named Inventor

Glebert Van Den Enden

Art Unit

2652

Examiner Name

Peter Vincent Agustin

Attorney Docket Number

PHN 17,551

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MAR 15 2004

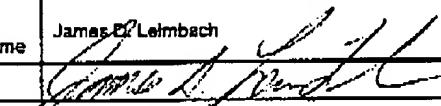
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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> Alter Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Remarks Enclosed is an Amendment and Response with a fee for extra claims and a redlined drawing sheet.		

CIPE/JCWS
MAR 15 2004

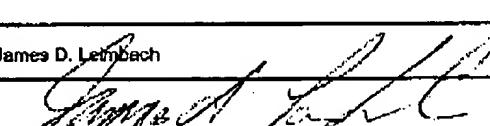
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	James D. Leimbach
Signature	
Date	March 11, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	James D. Leimbach
Signature	
Date	March 11, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO in process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/98/17 (10-03)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL
for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 38.00)

Complete if Known

Application Number	09/787,098
Filing Date	03/13/2001
First Named Inventor	Gijsbert Van Den Enden
Examiner Name	Peter Vicent Agustin
Art Unit	2652
Attorney Docket No.	PHN 17,551

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number
Deposit Account Name

The Director is authorized to: (check off that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) or any underpayment of fee(s)

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (5)	Fee	Fee Code (5)	Fee Description	Fee Paid
1001	770	2001	385		Utility filing fee	
1002	340	2002	170		Design filing fee	
1003	630	2003	265		Plant filing fee	
1004	770	2004	385		Reissue filing fee	
1006	160	2005	80		Provisional filing fee	
SUBTOTAL (1) (\$)						

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
22	20** = 2	x 18	= 38
Independent Claims	- 3** =	x	=
Multiple Dependent			

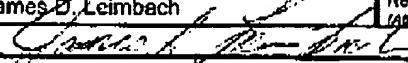
Large Entity	Small Entity	Fee Code (5)	Fee	Fee Code (5)	Fee Description	Fee Paid
1202	18	2202	9		Claims in excess of 20	
1201	88	2201	43		Independent claims in excess of 3	
1203	290	2203	145		Multiple dependent claim, if not paid	
1204	88	2204	43		** Reissue independent claims over original patent	
1205	18	2206	9		** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)						

*or number previously paid, if greater. For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

(Complete if applicable)

Name (Print/Type)	James D. Leimbach	Registration No. (Attorney/Agent)	34,374	Telephone (505)3819883
Signature		Date	March 11, 2004	

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